

# TRANSMITTAL FORM

Application Number	10/560,977
Filing Date	August 16, 2006
First Named Inventor	SIBUM
Group Art Unit	1742
Examiner Name	Not yet assigned
Attorney Docket No.	20496-499
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <div style="margin-left: 20px;"> <input type="checkbox"/> Check Attached  <input type="checkbox"/> Copy of Fee Transmittal Form         </div> <input type="checkbox"/> Amendment/Response <div style="margin-left: 20px;"> <input type="checkbox"/> Preliminary  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]         </div> <input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Replacement Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction  <input type="checkbox"/> Certificate of Correction  <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Form PTO-1449  <input checked="" type="checkbox"/> Copies of IDS Citations (C1-C2)         </div> <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <div style="margin-left: 20px;"> <input type="checkbox"/> Paper Copy/CD  <input type="checkbox"/> Computer Readable Copy  <input type="checkbox"/> Statement verifying identity of above         </div>		

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Respectfully submitted,  
  
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